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Training and practice of psychotherapy in Europe: results of a survey

Although psychotherapy has traditionally been an essential part of psychiatric training and practice, its role within psychiatry has become less evident in recent years. There have even been some doubts as to whether psychotherapy will remain in the armamentarium of future psychiatrists (1). Several differences have been reported among European countries concerning both training and practice of psychotherapy (2). However, few studies have explored residents' and early career psychiatrists' views and perspectives about their psychotherapy training experience and use of psychotherapy in clinical practice.

The WPA, within its Action Plan 2008-2011, established an Early Career Psychiatrists Council (ECPC), with the aim to "promote the professional development of early career psychiatrists worldwide" (3). One of the goals of the ECPC Action Plan was to run a survey on training and practice of psychotherapy in European countries (4,5).

This survey has been conducted online with the ECPC members in the countries of Europe I Zone (Northern, Southern and Western Europe). Respondents have been invited to complete a questionnaire on the basis of their own experience and collecting the opinions of their peers. Twelve out of the 13 ECPC members (representing Austria, Belgium, Cyprus, Estonia, France, Germany, Italy, Spain, Switzerland, Sweden, Turkey and the UK) returned the questionnaires.

The 16-item questionnaire explored the following aspects: a) quality of psychotherapy training (supervision, type of psychotherapy training available, barriers in accessing training); b) organizational aspects of psychotherapy training (compulsoriness, payment and assessment); c) satisfaction with training in psychotherapy; d) self-confidence in the use of psychotherapy.

Training in psychotherapy is mandatory in all countries considered in the survey except Belgium and France. Psychotherapy training is available in the public school of medicine only in four countries (Germany, Spain, Switzerland, UK). In most of the countries, in order to receive psychotherapy training, residents have to pay additional fees.

Training in psychodynamic and cognitive-behavioral therapies is available in almost all countries, whereas training in systemic psychotherapy is provided in 6 countries, training in interpersonal, supportive and psychoeducational techniques in 4 countries, and training in dialectical-behavioural psychotherapy in 3 countries. The requested number of patients to be treated by the residents during the training ranges from none (Estonia) to more than 15 (Turkey). A dedicated supervisor for training in psychotherapy is not available in 5 countries out of 12, while in Austria, Cyprus and Switzerland supervision has to be self-financed.

Psychotherapy competencies are evaluated differently: a logbook or a workplace-based assessment is used in 3 coun-

tries, a written or oral examination is required in 4 countries. In the remaining countries there is not a clear guidance regarding trainees' evaluation.

The main barriers in accessing training in psychotherapy are difficulties to get time away from other duties, lack of supervisors, and lack of funding. Although a personal psychotherapy is mandatory in 9 countries, most European early career psychiatrists have to pay themselves for it.

Despite this heterogeneity, most European early career psychiatrists (70%) are satisfied with the training they receive in psychotherapy and 80% of them feel confident to use psychotherapies.

We hope this information can contribute to promote a process of harmonization of psychotherapy training within the European Union.

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